

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS69AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/24/2008
NAME OF PROVIDER OR SUPPLIER ALTA CARE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2007 ALTA DRIVE LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 10/24/08</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 total beds.</p> <p>The facility had the following category of classified beds: Category I beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care to elderly or disabled persons. Residential facility for persons with mental illness. Residential facility for persons with chronic illness.</p> <p>The census at the time of the survey was 5. Five resident files were reviewed and 5 employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000	<p>RECEIVED</p> <p>FEB 26 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Peter Durants
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
ADMINISTRATOR
(X6) DATE
2/10/09

PLAN OF CORRECTION

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Y-103

- a. After survey administrator required employees# 2, 3 and 4 to undergo TB tests and require all paper works submitted on file.
Schedule were secured for testing.
- b. Administrator shall secure a schedule for TB testings among caregivers
- c. Administrator shall go over employee files during his regular walkthrough and require renewal of paper works if necessary
- d. Person responsible: Administrator
- f. Date of completion: February 15, 2009

Copy of TB test attached as TAG 103

Y106

- a. After survey administrator required employee # 2 to undergo CPR TRAINING and require all paper works submitted on file.
Schedule were secured for testing.
- b. Administrator shall secure a schedule for cpr training for caregivers
- c. Administrator shall go over employee files during his regular walkthrough and require renewal of paper works if necessary
- d. Person responsible: Administrator
- f. Date of completion: February 15, 2009

Copy of CPR attached as TAG 105

Y-176

- a. After survey administrator required bathub cleaned and bees removed.
Also screen was fixed to prevent insects from entering facility.
- b. Administrator shall require caregivers to check on all screens, and windows for possible damage and repair to avoid similar problems.

- c. Administrator shall go over facility windows and doors for possible damage and have the same repaired in case problems arises. Administrator shall coordinate with license utility personnels for repairs.

d. Person responsible: Administrator

e. date of completion: February 15, 2009

Photos of Bathtub and screen blinds attached as TAG 176

Y-178

- a. After survey administrator required cabinets, bathroom, cleaned and dirt removed. Hallway, kitchen and bathrooms cleaned likewise.
- b. Administrator shall require caregivers to check for dirt and maintain cleanliness at all times. Daily cleaning shall be done and all areas be checked.
- c. Administrator shall go over facility kitchen, hallways, bathrooms, rooms and outside for safety and cleanliness to ensure hygiene during his regular walkthrough.

d. Person responsible: Administrator

e. date of completion: February 15, 2009

Photos attached as TAG 178

Y-179

- a. After survey administrator required screen be fixed and repaired for the door and window.
- b. Administrator shall require caregivers to check on all screens on doors/ windows for possible damage and repair to avoid similar problems.
- c. Administrator shall go over facility windows and doors for possible damage and have the same repaired in case problems arises. Administrator shall coordinate with license utility personnels for

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repairs.

d. Person responsible: Administrator

e. date of completion: February 15, 2009

See: Tag 176 for photos

Y- 250

a. After survey administrator required cabinets, bathroom, cleaned and dirt removed. Hallway, kitchen and bathrooms cleaned likewise. Hinges were fixed likewise.

b. Administrator shall require caregivers to check for dirt and maintain cleanliness at all times. Daily cleaning shall be done and all areas be checked.

c. Administrator shall go over facility kitchen, hallways, bathrooms, rooms and outside for safety and cleanliness to ensure hygiene during his regular walkthrough.

d. Person responsible: Administrator

e. date of completion: February 15, 2009

see: Photos TAG 178

Y-304

a. After survey administrator required front window blinds be fixed and repaired.

b. Administrator shall require caregivers to check on all screens/blinds on doors/windows for possible damage and repair to avoid similar problems.

c. Administrator shall go over facility windows and doors for possible damage and have the same repaired in case problems arises. Administrator shall coordinate with license utility personnels for repairs.

d. Person responsible: Administrator

e. date of completion: February 15, 2009

TAG 304

Y-870

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- a. After survey administrator required doctor/nurse/pharmacists for res# 1, 4 and 5 to submit residents' Bi-annual Medication Review for record purposes. A schedule for consultation was prepared.
- b. Caregivers shall check on residents Medication Review on a regular basis more so that medication deliveries has been punctual and proper. Caregivers shall be required to coordinate with residents' doctors/ nurse/ or pharmacists.
- c. Administrator check on residents files for updates and compliance during his regular walkthrough.
- d. Person responsible: Administrator
- e. date of completion: Feb 15, 2009

Y-878

- a. Administrator referred the change of frequency order to the resident's doctor and necessary paperwork was kept on file.
- b. Administrator shall conduct an in house training among caregivers about changes in medication frequency and documentation. Coordination with their nurses and physicians are encouraged.
- c. After survey administrator checked on residents doctors orders for updates and corrections.
- d. Person responsible: Administrator
- e. date of completion: February 15, 2009

Y-879

- a. Administrator referred the change of frequency order to the resident's doctor and necessary paperwork was kept on file.
- b. Administrator shall conduct an in house training among caregivers about changes in medication frequency and documentation. Coordination with their nurses and physicians are encouraged.
- c. After survey administrator checked on residents doctors orders

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for updates and corrections.

d. Person responsible: Administrator

Y-920

a. After survey administrator required a waiver from residents concerned that they can administer their respective medications. All personal cabinets used for medication storage were provided with locks.

b. Administrator required all caregivers to monitor residents self-administration of their respective medications and require them to report to administrator any changes or problems

c. Administrator shall check on residents during his regular walkthrough.

d. Person responsible: Administrator

e. February 3, 2009

Photos of cabinets attached as TAG Y 920 and waivers.

Y-936

a. After survey administrator required residents concerned to secure their TB testing results and attach to their respective files.

b. Administrator shall require employees to keep all resident papers updated at all times and report to administrator should there be a need to update them.

c. Administrator shall go over resident files during his regular monthly walkthrough and have them rectified should there be matters that need be updated.

d. Person responsible Administrator

Attached TB tests as TAG 936

YA 908

a. After survey administrator checked on the PRN record and have the same corrected in compliance with the standard form.

b. Administrator shall conduct an in house training on documentation of PRN medications and shall monitor compliance.

c. Administrator shall go over PRN record/ documentations of residents to ensure proper entries thereof.

d. Person responsible: Administrator

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